

SUPERFUND ACCOUNTS RECEIVABLE STANDARD CONTROL FORM

PART I: TYPE OF RECEIVABLE

- | | |
|---|--|
| <input type="checkbox"/> ADMINISTRATIVE ORDER CONSENT (AOC) | <input type="checkbox"/> UNILATERAL ADMINISTRATIVE ORDER (UAO) |
| <input checked="" type="checkbox"/> CONSENT DECREE (CD) | <input type="checkbox"/> 107(a) DEMAND LETTER |
| <input type="checkbox"/> OVERSIGHT BILL | <input type="checkbox"/> BANKRUPTCY PROOF OF CLAIM |
| <input type="checkbox"/> SUPERFUND STATE CONTRACT (SSC) | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> STIPULATED PENALTIES | |

PART II: APPROPRIATION TYPE

- | | |
|---|---|
| <input type="checkbox"/> TRUST FUND (HSCR68) | <input type="checkbox"/> SPECIAL ACCOUNT- FUTURE COSTS FEDERAL (TR2A) |
| <input checked="" type="checkbox"/> SPECIAL ACCOUNT - PAST COSTS (TR2B) | <input type="checkbox"/> SUPERFUND STATE COST SHARE (TR1) |
| <input type="checkbox"/> SPECIAL ACCOUNT - FUTURE COSTS (TR2) | <input type="checkbox"/> SUPERFUND FINES & PENALTIES (HSFP68) |

PART III: DEBTOR INFORMATION

DEBTOR NAME

James E. Fleer
Director, Environmental Services
McKesson Corp.
One Post Street, 34th Floor
San Francisco, CA 94104

ADDRESS

ADDRESS (CONT'D)

CITY, STATE ZIP

PART IV: ACCOUNT INFORMATION

ASSIGNED BILL NUMBER (if applicable)

SITE NAME/ID

REF. DOCKET NO.

BILLING/EFFECTIVE DATE

BILLING PERIOD

DUE IN (date or # of days)

AMOUNT DUE

2761526S0048

Arkwood, Inc. (A3)

Docket No. 90-11-2-190A

01/28/1992

03/01/2014 - 02/28/2015 and 03/01/2013-02/28/2014

(supplemental)

30 days

\$344,923.73 (revised)

PART V: ACCOUNTING STRING

2015 TR2B 06L 303DD2 06A3SV00 \$344,923.73

EXAMPLE: 2012 TR2B 06L 303DD2 06XXSV00 \$67,596.70

PART VI: REGIONAL POINTS OF CONTACTS

CREATED BY	Doretha Christian	PHONE NO.	214.665.6734
COUNSEL CONTACT	Gloria Moran	PHONE NO.	214.665.3193
FINANCE CONTACT	Susan Jenkins	PHONE NO.	214.665.6578
PROGRAM CONTACT	Lawrence Andrews/Stephen Tzhone	PHONE NO.	214.665.7397/8409

PART VII: SPECIAL INSTRUCTIONS/NOTES (interest amount, installment schedule; bankruptcy info, etc.)

Please amend AR to reflect revised amount due (see attached draft demand letter for details on supplemental ATSDR costs)

PART VIII: CERTIFIED MAIL TRACKING NUMBER

7014 0150 0000 2453 9216

PART IX: TO BE COMPLETED BY CINCINNATI FINANCE CENTER

ASSIGNED BILL NUMBER (If applicable)

CFC CONTACT PERSON

CONTACT PHONE NUMBER

DATE RECEIVABLE ENTERED

2761526S0048

Dana Sherrer

513-487-2071

8/11/15



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